

IV. Administration and Evaluation

This section contains information on items you will need to submit as part of the contractual obligations for this program. Forms are provided to facilitate data collection and reporting.

Progress Reports

- Event Tracking and Sign-In Sheet
- Individual Coaching Session Tracking Sheet
- Quarterly Report Form
- Final Report Form

Evaluation

1. Participant Assessment
 - Participant Baseline Form
 - Participant Journal Form
 - Participant Post-Test Form
2. Coach Assessment
 - Coach Pre-Program Assessment Form
 - Coach Follow-Up Evaluation Form

Progress Reports

Each community program will be required to provide a detailed work plan, quarterly reports, and a final report, as described in the schedule of deliverables. These reports will provide a historical record of project activities and should be as objective and unbiased as possible. They should also include recommendations for improving implementation of future *Pick Your Path to Health* (PYPTH) programs.

Work Plan

A detailed work plan must be prepared and submitted within 30 days of contract award to the project officer (OWH Regional Office). The plan should include an explanation of the program's implementation approach, as well as workshop and event content, length, and schedule. It should also cover information about educational and resource materials for each PYPTH theme, community resources, program personnel, and program participants. Lastly, it should provide information on the number of program participants and on journal recording and program evaluation. The project officer will arrange a teleconference or face-to-face meeting to discuss the work plan, timelines, tasks, and budget.

Tracking Events and Coaching Sessions

To facilitate data collection for the quarterly and final reports, the following tracking forms are included in this guide:

- **Event Tracking and Sign-In Sheet**

Program staff are to use a copy of this form for each PYPTH event sponsored. Participants will be asked to sign in, write their ID number, and record their age and ethnicity. At the end of the event, staff will tabulate the number of participants, as well as average ages, ethnicities, and other data. This information should be retained for reporting purposes.

- **Individual Coaching Session Tracking Sheet**

Program staff should use this form to keep track of individual coaching sessions. They should record the participant's ID number, the coaching session topic, and the ethnicity and age of the participant. When the sheet has been completed, staff will tabulate the total number of sessions, the number of unique individuals coached, as well as average ages, ethnicities, and other data. This information should be retained for reporting purposes.

Quarterly Reports

Quarterly progress reports are required detailing the current status of implementation tasks. The report will document project activities, participant demographics, successes, challenges, and suggestions.

- **Quarterly Report Form**

Once every 3 months, program staff should compile data from the event tracking and individual coaching session forms (described above) and record it in the quarterly report form. The form also solicits feedback about successes and challenges in implementing the program.

Progress Reports

Final Report

A draft of the final annual report must be submitted to the project officer 1 month before the end of the contract period. The project officer will respond to the draft within 2 weeks.

The final narrative report should assess the PYPTH model's efficacy when implemented in a community setting. In particular, it should discuss the model's success in motivating, educating, and empowering women to take steps towards health improvement. Data for the report may be compiled from the quarterly report forms, event tracking and sign-in sheets, and individual coaching session tracking sheets.

The report must document significant work activities during the entire length of the contract and include participant feedback. Please include copies of the coaches and participant feedback forms and take steps to ensure the anonymity of participants. The report should be as objective and unbiased as possible and include recommendations for improving implementation of future PYPTH programs.

Event Tracking and Sign-In Sheet

Program staff to complete shaded section after each event. Retain for reporting purposes.

Organization name: _____	Date: _____
Event name: _____	Event theme: _____
Event type (e.g., workshop, health fair, etc.): _____	Total # of participants: _____
Current event #, out of total # planned (e.g., 3 out of 6): _____ out of _____	In-kind resources contributed: _____
PYPH materials distributed: _____	Person-hours expended: _____
Ethnicity of participants: _____	Average age of participants: _____

	Participant ID # (From Journal)	Participant Name	Ethnicity	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

Age and ethnicity information is optional, but it will help us know who you are serving.

Individual Coaching Session Tracking Sheet

Program staff to complete this section at the end of each quarter. Retain for reporting purposes.

Organization name: _____ Reporting date: _____
 Total number of unique individuals coached: _____ Total coaching sessions held: _____
 PYPTH materials distributed: _____
 Ethnicity of participants: _____ Average age of participants: _____

	Participant ID # (From Journal)	Coaching Session Topic	Date of Session	Ethnicity	Age
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Age and ethnicity information is optional, but it will help us know who you are serving.

Quarterly Report Form

Organization Name: _____ Report Date: _____

The purpose of this form is to help program staff compile data for the *Pick Your Path to Health* (PYPTH) program throughout the implementation process. Quarterly reporting should help you monitor the program's progress, strengths, and weaknesses, and make adjustments as you go along. It will also minimize the amount of work you need to do to produce the final report. Use data from the event tracking and sign-in sheets and individual coaching session tracking sheets to complete this form.

- *For 12-month contracts, this form should be completed 3 months after the start date, and again at 6 and 9 months.*
- *For 6-month contracts, it should be completed 3 months after the start date.*

Period Covered by this Report _____

1. How many individuals are in your target audience?
(This number should equal the highest participant ID number you have assigned, or the number of people attending the introductory workshop.)
2. How many unique individuals (i.e., not counting return visits) participated in PYPTH activities during this quarter?
3. Summary of this quarter's events (workshops, health fairs, presentations, etc.)

Event #	Date	Event Title	Event Theme	Number of Participants	Age Range	Av. Age
Description of event and ethnicity of participants						
Description of event and ethnicity of participants						
Description of event and ethnicity of participants						
Description of event and ethnicity of participants						

Quarterly Report Form

4. Summary of resources used for events during this quarter

Event #	PYPTH Materials Distributed	Person-Hours Expended	In-kind Resources Contributed, if any
Total:			

5. Summary of individual coaching sessions during this quarter

Number of Unique Individuals Coaching	Total Coaching Sessions Held (Including Repeat Visits)	Topics Covered	Average Age of Participants	Ethnic Breakdown of Participants

Were PYPTH materials distributed during the individual coaching sessions? If so, please describe in the space below which ones were used and whether participants liked them.

Quarterly Report Form

6. What, if any, aspects of the PYPTH program have gone especially well over the past 3 months?
7. What, if any, challenges have you faced in implementing the PYPTH program over the past 3 months?
8. Do you have any comments or suggestions about ways to improve the community-based PYPTH model?

Final Report Form

Organization Name: _____

Report Date: _____

The purpose of this worksheet is to help program staff compile and analyze data from the entire *Pick Your Path to Health* (PYPTH) implementation period, and complete a final assessment of the program. The final report should be written in narrative form. Use data from the quarterly reports, event tracking and sign-in sheets, individual coaching session tracking sheets, participant assessment forms, and coach assessment forms to complete this worksheet, and then incorporate the information into your final report.

- *The final report should be submitted one month before the end of the contract period.*

Period covered by the final report _____

1. How many unique individuals did you serve over the course of the PYPTH program?
2. Please describe the demographic characteristics of the target audience your PYPTH program served, in terms of:
 - Age range
 - Average age
 - Ethnic backgrounds (i.e., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Hispanic or Latina)

If possible, describe specific numbers of individuals from each ethnic group who were served.

Final Report Form

3. Please indicate the **total number (#)** of the following types of events/sessions that you conducted over the course of the entire implementation period:

- Workshops: _____
- Presentations: _____
- Health fairs: _____
- Screenings: _____
- Individual coaching sessions: _____
- Others (please describe): _____

4. Please provide summary information for all types of events conducted over the course of the entire implementation period.

Type of event	Topics covered	Total # of participants in these events	Average participant satisfaction scores (from journal form)
Workshops	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. GRAND TOTAL:	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Overall Average:

Final Report Form

Type of event	Topics covered	Total # of participants in these events	Average participant satisfaction scores (from journal form)
Presentations	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. GRAND TOTAL:	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Overall Average:
Health fairs	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. GRAND TOTAL:	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Overall Average:
Screenings	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. GRAND TOTAL:	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Overall Average:

Final Report Form

Type of event	Topics covered	Total # of participants in these events	Average participant satisfaction scores (from journal form)
Individual coaching sessions	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. GRAND TOTAL:	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. Overall Average:
Other	1. 2. 3. 4. 5.	1. 2. 3. 4. 5. GRAND TOTAL	1. 2. 3. 4. 5. Overall average:

5. Please indicate the number of participants whose primary health goals fall into each of the following topic areas:

- | | |
|-------------------------------|-----------------------|
| • Spirituality | • Drug Abuse |
| • Weight Management | • Health Care Access |
| • Physical Activity | • Prevention |
| • Alcohol Use | • Violence Prevention |
| • Mental Health | • Tobacco Use |
| • Responsible Sexual Behavior | • Family |

Final Report Form

6. Please indicate the number of participants whose secondary health goals fall into each of the following topic areas:
- Spirituality
 - Weight Management
 - Physical Activity
 - Alcohol Use
 - Mental Health
 - Responsible Sexual Behavior
 - Drug Abuse
 - Health Care Access
 - Prevention
 - Violence Prevention
 - Tobacco Use
 - Family
7. What were participants' motivations for wanting to change their health behavior?
8. Please describe how participants believed the PYPTH program might help them reach their health goals.
9. How many members of the target audience reported meeting their health goals?
- Primary goal:
 - Secondary goal:
10. How many participants reported experiencing changes in their health status?
(Provide examples.)
11. What aspects of the PYPTH program did participants find most helpful, and why?
12. What aspects of the PYPTH program did participants find least helpful, and why?
13. What challenges did participants face that kept them from reaching their goals?
14. What did participants learn from PYPTH to help them meet their goals?

Final Report Form

15. How, if at all, did coaches' views of their role change over the course of program implementation?
16. How helpful did coaches find the PYPTH materials before they implemented the program, on a scale of 1-5, with 5 being "Very helpful" and 1 "Not helpful at all"?
17. How helpful did coaches find the PYPTH materials after they implemented the program, on a scale of 1-5, with 5 being "Very helpful" and 1 "Not helpful at all"?
18. Did coaches believe that the PYPTH program provides an effective model for motivating behavior change? Please explain.
19. Do you have additional comments or suggestions for improving PYPTH?

Evaluation

Participant Assessment

- **Participant Baseline Form:** This form solicits participants' input about their personal *Pick Your Path to Health* (PYPTH) goals, and what their current habits are in this area. While participants should be allowed to keep the "Goal Sheets" (see Program Tools) for their own records, program staff should collect the participant baseline form for program evaluation purposes.

This document should be distributed to participants at the start of the program (i.e., during the introductory workshop). When it is collected, participants should be assigned an ID number. The ID number should be recorded at the bottom of the participant baseline form, and should also be written on the cover of the participant journal.

- **Participant Journal Form:** Copies of this form will be placed into the participant journal as pages. The journal should have an ID number on its front cover and should be distributed during the introductory workshop. Participants will be asked to make an entry in the journal every time they take part in a PYPTH activity (i.e., an event or coaching session). Participant journals may be kept on-site and given to the participant when they attend program activities. Data from participant entries may be compiled and included in the narrative section of the final report.
- **Participant Post-Test Form:** This form solicits participants' feedback on how effective the program was in helping them to meet their health goals. It should be distributed to participants at the end of the program (i.e., after the final workshop). Comparisons with the baseline form may be used to document behavior change and overall satisfaction with the program.

Coach Assessment

- **Coach Pre-Program Assessment Form:** This form assesses the coaches' understanding of their role, and whether the PYPTH materials have helped to prepare them for it. It also solicits their initial beliefs about whether the PYPTH program will help women to make lifestyle changes to improve their health. This form should be distributed to coaches prior to the inception of the program, and once completed, it should be submitted with the first quarterly report.
- **Coach Follow-Up Evaluation Form:** This form assesses how the coaches' understanding of their role changed during the program, and whether they found the PYPTH materials useful. It solicits their input about whether the PYPTH program helped women in their target audience to make healthy lifestyle changes, and also asks whether the program is effective as a community-based model for motivating behavior change. It should be distributed to coaches at the end of the program (i.e., after the final workshop), and once completed, it should be submitted with the final report.

Participant Baseline Form

Please think about one or two ways you would like to live more healthily and write them below. Think of a date when you would like to reach your goal (e.g., the last day of the *Pick Your Path to Health* program).

Goal #1. By (Target date) _____ I want to become healthier by making the following change(s) in my lifestyle:

1. What are your current daily habits in this area?
(For example, if you want to exercise more, how often do you now exercise? If you want to eat more fruits and vegetables, how many do you now eat each day? If you want to drink less alcohol, how many alcoholic drinks do you now have each day?)
2. Why do you want to change this habit?
3. How would you like *Pick Your Path to Health* to help you make this change?

Goal #2. By (Target date) _____ I want to become healthier by making the following change in my lifestyle:

1. What are your current daily habits in this area?
(For example, if you want to exercise more, how often do you now exercise? If you want to eat more fruits and vegetables, how many do you now eat each day? If you want to drink less alcohol, how many alcoholic drinks do you now have each day?)
2. Why do you want to change this habit?
3. How would you like *Pick Your Path to Health* to help you make this change?

Organization Name: _____
Participant Name: _____
Participant ID# (See the front of your journal): _____
Date: _____

Thank you for your feedback, and welcome to *Pick Your Path to Health*!

Participant Journal Form

Participant ID#:_____Date:_____

Activity Type (e.g., workshop, coaching, etc.):_____

Activity Topic:_____

1. Since your last visit to the *Pick Your Path to Health* program, how are you doing in reaching your health goal(s)?

2. Will today's activity help you reach your goal(s)? If so, how will it help? If not, why not?

3. On a scale of 1 to 5, where 1 is "Not at all Satisfied" and 5 is "Very Satisfied," how satisfied were you with the activity you took part in today?

1	2	3	4	5
Not at all Satisfied		Satisfied		Very Satisfied

Participant Post-Test Form

Thank you for taking part in the *Pick Your Path to Health* community program! Over the past few weeks, you've worked hard to accomplish your goals to live healthier. Please take a few minutes to tell us what this process has been like for you.

1. What was your first goal for improving your health during the program?

a. Did you reach this goal? (*Check one*)

Yes ☐ No ☐

b. If you did reach this goal, how have your habits changed?

c. If you did not reach this goal, what challenges kept you from reaching it?

d. What, if anything, did you learn from the program to help you reach your goal?

2. What aspect of the *Pick Your Path to Health* program was most helpful, and why?

3. What aspect of the *Pick Your Path to Health* program was least helpful, and why?

Participant Post-Test Form

4. Did you experience any changes in your health during the program? If yes, please describe below. (Examples, "I lost 5 pounds; " "I lowered my blood pressure from 140/90 to 130/85.")

If you had a second health goal, please answer the questions below.

5. What was your second goal for improving your health during the program?

- a. Did you reach this goal? (*Check one*)

Yes ☐ No ☐

- b. If you did reach this goal, how have your habits changed?

- c. If you did not reach this goal, what challenges kept you from reaching it?

- d. What, if anything, did you learn from the program to help you reach your goal?

Organization Name: _____

Participant ID# (See the front of your journal): _____

Date: _____

Thank you for your feedback!

Coach Pre-Program Assessment Form

To be completed before the program begins.

Organization Name: _____ Date: _____

1. How would you best describe your racial or ethnic background? (Check One)

- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

2. What is your understanding of your role as a *Pick Your Path to Health* coach?

3. On a scale of 1 to 5 (where 1 is “Not at all Helpful” and 5 is “Very Helpful”), how helpful are the *Pick Your Path to Health* materials in preparing you for this role?

1	2	3	4	5
Not at all Helpful		Somewhat Helpful		Very Helpful

Please explain:

4. Do you think the *Pick Your Path to Health* program will help women in your target audience make lifestyle changes to improve their health?

- ☐ Yes ☐ No

Please explain your answer:

Thank you for your feedback!
This form should be submitted with the first quarterly report.

Coach Follow-Up Evaluation Form

To be completed at the end of the *Pick Your Path to Health* program.

Organization Name: _____ Date: _____

1. Did your understanding of your role as a *Pick Your Path to Health* coach change over the course of the program?

☐ Yes ☐ No

Please explain your answer:

2. On a scale of 1 to 5 (where 1 is “Not at all Helpful” and 5 is “Very Helpful”), how helpful were the *Pick Your Path to Health* materials in preparing you for this role?

1	2	3	4	5
Not at all Helpful		Somewhat Helpful		Very Helpful

Please explain:

3. To what extent do you believe the *Pick Your Path to Health* materials helped members of your target audience make lifestyle changes to improve their health?

☐ Not at all ☐ Somewhat ☐ Very Much

Please explain your answer:

4. Based on your experiences coaching participants, do you believe this program is effective as a community-based model for motivating behavior change?

☐ Yes ☐ No

Please explain your answer:

Thank you for your feedback!

This form should be submitted with the final report.